

Date: _____

EMERGENCY EQUIPMENT

INSTRUCTIONS: In the blank form provided, describe the safety, spill response, communication and structural containment equipment you have in place at your facility for use in emergency situations. If practical, report the equipment according to individual job, shop or work activity area within our facility. If applicable, include the elements listed in the legend.

Personnel Protective & Safety Equipment

Aprons
Gloves
Coats
Chemical Suits
Boots
Safety Glasses
Face Shield
Hard Hats

Cartridge Respirators
Self-Contained Breathing Apparatus (SCBA)
First Aid Kits
Exhaust Hoods
First Aid Stations
Chemical Antidotes

Emergency Response Equipment

Fire Extinguishers (Type A, B, C, D)
Fire Hoses
Eye Wash, Safety Showers
Chemical Monitoring Equipment (Type)
Chemical Alarms - Bells, etc.
Chemical Spill Equipment - Absorbents,
Neutralizers, Sand, Leak Repair Kits (Chlorine), Underground
Tank Leak Detection Monitors

Communications Equipment

Telephones
Intercoms
Portable Radio(s)
Verbal

Structural Equipment

Burns & Dikes
Tanks (Emergency)
Over Pack Drum(s)
Containment Vaults
Blind Sumps

LOCATION SHOP OR AREA	PERSONNEL PROTECTIVE & SAFETY EQUIPMENT	EMERGENCY RESPONSE SPILL EQUIPMENT	COMMUNICATIONS EQUIPMENT	STRUCTURAL EQUIPMENT	INSPECTION FREQUENCY

EXAMPLE

LOCATION SHOP OR AREA	PERSONNEL PROTECTIVE & SAFETY EQUIPMENT	EMERGENCY RESPONSE SPILL EQUIPMENT	COMMUNICATIONS EQUIPMENT	STRUCTURAL EQUIPMENT	INSPECTION FREQUENCY
PAINT SHOP	CARTRIDGE RESPIRATORS, SHOP COATS, GLOVES, EXHAUST HOOD	FIRE EXTINGUISHER SAND	TELEPHONE - VERBAL	NONE	MONTHLY (Safety Equipment)

Emergency Notification Phone Roster

EMERGENCY TYPE	ORGANIZATION	PHONE	REPORTING REQUIREMENTS	REQUIRED NOTIFICATION PERIOD
Injury (any)	Hospital _____ (Nearest hospital capable of handling fire and/or chemical emergency) Paramedics and/or Ambulance Service _____	911	1. Name and telephone number of person reporting	Immediately or within 24 hours
Poisoning	Poison Control	1-800-222-1222	2. Name and address of your business	Agencies may request a follow-up report in writing
Occupational Accident/ Exposure (Notification)	OSHA (Occupational Safety & Health)	_____	3. Time and type of incident (fire, chemical, etc.)	Consult each agency for their reporting requirements
Fire/Explosion	Fire _____ Police/Sheriff _____	911 911	4. Name and quantity of material(s) or waste(s) to the extent known	
Hazardous Material or Waste Spill/Release Outside Facility	California Dept. of Toxic Substances Control/Trinity County CUPA California Office of Emergency Services National Response Center North Coast Unified air Quality Management District North Coast Regional Water Quality Trinity County Environmental Health	1-866-348-0028 1-800-852-7550 1-800-424-8802 1-707-443-3093 1-707-576-2220 1-530-623-1459	5. The extent of injuries, if any 6. Possible hazards to human health or the environment, outside the facility	
Spill Cleanup (Contractor)	Company Name _____	_____	Check with contractor.	As soon as possible
Water District	_____	_____	1, 2, and 3 above	or As situation requires
Electrical/Utility	_____	_____		
Chemical Emergency Info	_____	_____		